

## **CHILDCARE TRANSPORTATION REQUEST FORM**

### **ADMINISTRATIVE GUIDELINES**

Transportation will be provided to and/or from childcare locations for students in grades kindergarten through five, subject to these guidelines:

1. Requests for transportation for childcare purposes must be within the child's school attendance zone.
2. Requests for transportation services must be in writing and submitted on the Childcare Transportation Request Form by April 1, prior to the school year in which the service is needed.
3. Requests made after the April 1 deadline may be honored only if it can be added to an established route for that school at no additional cost to the district.
4. Any permanent change should be submitted at least five days in advance and be submitted on the Childcare Transportation Request Form.

For more information, call the transportation office at 845- 794-8570.

**MONTICELLO CENTRAL SCHOOL DISTRICT**  
**Transportation Department**  
**153 Forestburgh Road**  
**Monticello, NY 12701**  
**845-794-8570 / Fax 845-794-2163**

**2018 / 2019**  
**CHILDCARE TRANSPORTATION REQUEST FORM**

**PLEASE PRINT CLEARLY**

I, \_\_\_\_\_, the parent / legal guardian of the child named below, request transportation for said child to and / or from a child care location which is different from the child's home address.

STUDENT'S FULL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Current Route #: \_\_\_\_\_

CHILD CARE LOCATION: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

**Time of Day Needed: (PLEASE CHECK APPROPRIATE TIME)**

\_\_\_\_\_ A.M. Day Care / Childcare Provider

Circle Days: M T W TH F; All

\_\_\_\_\_ P.M. Day Care / Childcare Provider

Circle Days: M T W TH F; All

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Childcare Provider Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Effective date for transportation to begin: \_\_\_\_\_

Anticipated date childcare location no longer needed \_\_\_\_\_

I HAVE READ THE ADMINISTRATIVE GUIDELINES FOR REQUESTING ALTERNATE TRANSPORTATION SERVICES FOR CHILDCARE PURPOSES.

**Today's Date**

**Signature Parent / Guardian**

**PLEASE NOTE THAT THIS FORM NEEDS TO BE COMPLETED EACH YEAR**

Please return this form to Monticello CSD, Transportation Office, 153 Forestburgh Rd., Monticello, NY 12701, by April 1, prior to the school year in which the service is needed for your request to be considered.

You may scan and email this completed form to [mcsdtransportation@k12mcsd.net](mailto:mcsdtransportation@k12mcsd.net)